

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: Unassigned
Filing Date:: April 18, 2005
Application Type:: Regular
Subject Matter:: Utility
Title:: Cardiac Valve Annulus Reduction System
Attorney Docket Number:: PA1905
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 14
Small Entity:: No

APPLICANT INFORMATION

Applicant Authority Type:: 1st Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: NAREAK
Family Name:: DOUK
City of Residence:: Lowell
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 905 Lakeview Avenue
City of mailing address:: Lowell
State/ Province of mailing address:: MA
Country of mailing address:: CA
Postal/Zip Code of mailing address:: 01850

Applicant Authority Type:: 2nd Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: NASSER
Family Name:: RAFIEE
City of Residence:: Andover
State or Province of Residence:: MA
Country of Residence:: CA
Street of mailing address:: 39 Abbott Street
City of mailing address:: Andover
State/ Province of mailing address:: MA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 01810

Applicant Authority Type:: 3rd Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: ELIOT
Family Name:: BLOOM
City of Residence:: Hopkinton
State or Province of Residence:: NH
Country of Residence:: US
Street of mailing address:: 601 Putney Hill Road
City of mailing address:: Hopkinton
State/ Province of mailing address:: NH
Country of mailing address:: US
Postal/Zip Code of mailing address:: 03229

Applicant Authority Type:: 4th Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: DOUGLAS
Middle Name:: A.
Family Name:: FOGG
City of Residence:: Merrimac
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 15 South Pleasant Street
City of mailing address:: Merrimac
State/ Province of mailing address:: MA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 01860

Applicant Authority Type:: 5th Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RANY
Family Name:: HUYNH
City of Residence:: Charlestown
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 25A Auburn Street
City of mailing address:: Charlestown
State/ Province of mailing address:: MA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 02129

Applicant Authority Type:: 6th Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: DAVID
Middle Name:: D.
Family Name:: BARONE
City of Residence:: Lexington
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 15 Larchmont Lane
City of mailing address:: Lexington
State/ Province of mailing address:: MA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 02420

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 28390
Name:: Medtronic Vascular, Inc.
Street of mailing address:: 3576 Unocal Place
City of mailing address:: Santa Rosa
State/Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 95403
Phone Number:: (978) 739-3250
Fax Number:: (707) 543-5420
E-Mail address:: Bill.Haynes@Medtronic.com

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Claims the benefit of::	60/519,114	12 November 2003

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
PCT	PCT/US2004/037867	12 November 2004	Yes

ASSIGNEE INFORMATION

Assignee name:: Medtronic Vascular, Inc.
Street of mailing address:: 3576 Unocal Place
City of mailing address:: Santa Rosa
State/Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 95403